APPLICATION FOR NATIONAL BENCH OFFICIALS ASSESSMENT

Candidate Name: ____________________________________________________________

Address: __________________________________________________________________

Mobile: ___________________________ Email: _________________________________

Region: ____________________________________________

New Assessment
☐ YES - The Candidate has completed all the requirements for Regional Accreditation

Re Validation
☐ YES - The Candidate is competent at Time Keeping
☐ YES - The Candidate is competent as Scorer 2

- Request for assessment of the following scoresheets:

1. Game: ____________________________ 2. Game: ____________________________
   Event: ____________________________  Event: ____________________________
   Date: ____________________________  Date: ____________________________

3. Game: ____________________________ 4. Game: ____________________________
   Event: ____________________________  Event: ____________________________
   Date: ____________________________  Date: ____________________________

Signed: __________________________________________

Name: __________________________________________

Position: _________________________________________

Date: __________________________________________

Please return to:
Netball New Zealand, PO Box 99710, Newmarket, Auckland, 1149
rochellee@netballnz.co.nz Fax: (09) 623 5777

NNZ ONLY

Assessment outcome: ____________________________ Assessed By: ____________________________
Date: ____________________________ Candidate/Region notified: ____________________________
NNZ database updated: ____________________________

NNZ Bench Officials Manual – Appendix 12

Updated February 2010